Tax and License Division 20 E 6th Street, 3rd floor Tempe, AZ 85281 (480) 350-2955

Solicitor Individual Application



SECTION I APPLICA	AN I'S	INFORMATION							
Applicant's Full Name						Phone Number			
Residential Address					City	ı	State	Z	ïp
Mailing Address					City		State	Z	ip
Proof of Legal Status									
SECTION II PERSONAL INFORMATION									
Date of Birth		Eye Color	Weight		Height		Hair Color		Gender □ M □ F
Social Security Number				Drivers License State Number					
Previous names by which you have									
been known and the years in which you									
were know by those names									
RESIDENTIAL ADDRESSE	S FOR	THE PAST 5 YEARS E	BEGINNING	WITH PREVIO	US ADDRESS				
From		То	Complete Street Address			City, State			
SECTION III BACKG IF NOT ANSWERED FULLY AUTOMATICALLY CAUSE	/ AND	COMPLETELY IT COU	LD BE CAUS	SE FOR YOUR	APPLICATION	TO BE DE	ENIED. A YES A	NSWER	DOES NOT
Have you ever been convicted in any jurisdiction of a felony, or any misdemeanor involving fraud, theft, dishonesty or assault? ☐ Yes ☐ No ☐ If yes, you must provide specific information describing:									
Date	Date		Offense		Location of Conviction		Penalty Assessed		
I CERTIFY THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND AGREE AND UNDERSTAND THAT ANY FALSIFICATION OF MATERIAL FACTS MAY CAUSE FORFEITURE ON MY PART OF ALL RIGHTS TO, AND CONSIDERATION TO, BE LICENSED IN THE CITY OF TEMPE. I FURTHER UNDERSTAND THAT THIS APPLICATION IS SUBJECT TO INVESTIGATION AND FOR CAUSE MAY BE DENIED AND THAT THE APPLICATION FEE IS NON-REFUNDABLE. I REALIZE THAT I MAY BE RESPONSIBLE FOR THE REPORTING AND REMITTING OF SALES TAX TO THE CITY OF TEMPE IN CONJUNCTION WITH THIS LICENSE.									
 Date	Applicant's Signature								